	Please type a	plus sian (+) inside this box	\rightarrow [.	┰
--	---------------	--------------	-------------------	------------------	---

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

	THE RESIDENCE OF THE CONTROL HOLLDEN
Att rney D cket Number	1051-1-020
First Named Invent r	Lawrence C. Smith
COMPLETE IF	KNOWN
Application Number	10 / 019,375
Filing Date	October 26, 2001
Group Art Unit	
Examiner Name	

	As a below named inventor, I hereby declare that:						
	My residence, mailing address, and citizenship are as stated below next to my name.						
1535	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TELOPHASE ENUCLEATED OOCYTES FOR NUCLEAR TRANSFER						
1	L		Title of the Invention)				
<u></u>	the specification of which	•	7110 or 0.0				
à	is attached hereto						
	OR X was filed on (MM/DD/YYYY)	April 27, 2000	as United	States Application	Number or PCT International		
tions,	· ·				(if applicable).		
mil Box Gun Half	Application Number PCT/CA00	<u>)/00483</u> and was a	amended on (MM/DD/Y	YYY) L			
hini	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
il	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-						
mely.	in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Han	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
			1				
			1				
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
	Application Number(s) Filing Date (MM/DD/YYYY)						
60/	50446		April 28, 1999		Additional provisional application numbers are listed on a		
			1 20, 1333		supplemental priority data sheet		
				PTO/SB/	02B attached hereto.		
			ĺ				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Appr use through 10/31/2002. OMB 0651-0032

U.S. Patent and Tradem office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	Customer Number or Bar Code Label	23565		OR 🗌	Correspondence address below .
Name					
Address					
Address			<u>-</u>		
City			State		ZIP
Country	Teleph	none			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INV	ENTOR:		A petit	ion has been fil	led for this unsigned inventor
Given Name				L	
Inventor's Signature November 13, 2001					
Residence: City Saint-Hyacinthe Quebec Canada Canada Citizenship					
Mailing Address 2950 Lafontaine					
Mailing Address					
City Saint-Hyacinthe	Quebec State		ZIP J	2S 2H9	Canada Country
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Q - OD Vilceu (first and middle [if any]) Family Name BORDIGNON or Surname					
Inventor's Signature November 13, 2001 Date					
Residence: City Saint-Hyacinthe		Queb State	ec	Canada Country	Canada CAX
Mailing Address 2250 Castelneau					
Mailing Address					
City Saint-Hyacinthe	Quebec State		J2 ZIP	S 7H8	Canada Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					